



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : LI MINGYUE.  
VEHICLE NUMBER : SMM6219A.  
DATE/ TIME OF ACCIDENT : 22/10/19 9.00am.  
PLACE OF ACCIDENT : Whompoa Drive.  
THIRD PARTY VEHICLE (IF ANY) : -

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?  
KF Hospital to National Cancer Center.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Lost control and swerved due to heavy rain and slippery floor, right front wheel  
maimed curb on road divider at whompoa drive. Right front tyre punctured.  
No other vehicles involved

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

NAME: LI MINGYUE.

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

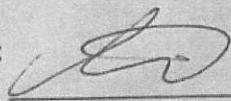
## UNDERTAKING

I, LI MINGYUE, (NRIC No. S 1572 D), hereby confirm that the Singapore Accident Statement lodged by me on 24/10/19 at 1620 hours pertaining to the accident involving motor car Reg. No: SMM621A9, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :   
Name of Insured / Driver : LI MINGYUE  
Nric No. : S 1572 D  
Date : 24/10/19

Signature :   
Name of Policyholder : LI MINGYUE  
Nric No. : S 1572 D  
Date : 24/10/19